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APR 2 5 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

311-01		STATE OF NEW HAMPSHIRE
		2019 Statement of Income and Expenses
NAME OF THE PARTY		for LOBBYISTS
		(RSA Chapter 15)
1111	PLEASE PRINT	•

1. Name of Lobby	yist(s) Joel Maiola			
II. Name of lobby	yist's partnership, firm	or corporation, if an	y:	
	eton Government		gies, LLC	
	(Name of partnership, firm	or corporation)		
	et, P.O. Box 326	Manchest	er NH	03105-0326
Business Address:	(Street)	(Town/City)	(State)	(Zip Code)
(603) 628-148	15 (1	603) 625-5650	c-mail_joe	l.maiola@mclanegps.com
(Telephor	ne)	(Fax)		- -
	nt covers: (Choose one se transactions which a			you may file a separate report for
X All reportable	transactions occurring in	the months prior to the	ne reporting date relativ	re to the following client:
Well Sense H				
OR	(Full Name of Clien	as it appears on the Lob	byist Registration Form)	
		ist (including the lobb	yist's family), or the lo	bbying firm listed below which are
IV. Date of Repor	rt April 24, 2019 🗵		July 31, 2019	
	activity from date of regist		activity from 4/1/19 to	
	October 30, 2019		January 29, 202	20
	activity from 7/1/19 to	9/30/19	activity from 10/1/19 to) 12/31/19
				ince the last report. Gice, State House, Room 204,
VI. Check if addi	tional reports are attac	hed:		
	ceived fees or made exp		e Addendum A– Fees	and Expenses
	id an honorarium or reit			B – Report of Honorariums or
X If you, your fi	rm, or your family has n	nade political contribu	tions, you must file Ad	dendum C- Political Contributions
I have read RSA I	e best of my knowledge	and RSA 664 and her	reby swear or affirm the	the foregoing information is true (Date)
Joel Maiola (Print Name of lo	hhvist)			
() that statute of to	00,130			

PLEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Joel Maiola		
II. Name of lobbyist's partnership, firm or corporation, if any:		
McLane Middleton Government & Public Strategies, LLC (Name of partnership, firm or corporation)		
III. Name of Client Well Sense Health Plan	Date _	4/24/19
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	that are relations, of	ated, directly or indirectly, or public relations services
a) Total of all fees received in this reporting period	a) \$	24,000.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).		0.00
c) Total of all fees received to date (Add lines a and b)	c) \$	24,000.00
 d) Indicate the amount of any such fees that are due, but have not yet been paid 	d) \$	0.00
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lessing lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	elient and if may be file aggregate expenses: (b) le: meals pu set than \$10 and with a value orting periocular of greate er than \$25, expense re	expenditures are made by d for the lobbyist(s)/firm total of all expenses paid the aggregate total of all archased during a business that is given to the person lue of \$25.00 or less); and of greater than \$25.00 for than \$25, purchase of a but not greater than \$50 eimbursement, or politica
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$	24,000.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) S	0.00
c) Total of all itemized expenditures reported in detail in section VI.	c) \$	0.00

d) Total expenses for this reporting period	d) \$	24,000
(Add lines a, b and c)		
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	c) \$	0
f) Total of all expenses year to date	f) \$	24,000
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from I period, including by whom paid or to whom charged.	obbying fees o	luring this repo
Paid to:	Amount:	
	\$	
	s	
	s	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affire is true and complete to the best of my knowledge and belief.	m that the for	regoing inforn
is the and complete to the best of my knowledge and benef.		. ,
Mark	4//	4//9
		2(0)
(Signature of lobbyist)	(D	ate)